

**LIVONIA PUBLIC SCHOOLS  
RELEASE OF INFORMATION/AUTHORIZATION  
FOR DISCLOSURE OF INFORMATION**

(To be used only for packet pick-up)

**Student Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I authorize Riley Upper Elementary to release my child's orientation materials including the Student Data Emergency Cards and other materials which may contain confidential/personal information to:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

The purpose and need for such release is my inability to personally pick up the above mentioned materials prior to the first day of school.

**I agree to hold Riley Upper Elementary and Livonia Public Schools harmless from all liability as a result of the release of my student's personal/confidential information contained in any of the above mentioned documents.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Telephone number I can be reached during the time these materials may be picked up in case of needed contact: \_\_\_\_\_